

RENNES HEALTH CENTER-WEST

501 NORTH LAKE STREET, PO BOX 147

PESHTIGO 54157 Phone: (715) 582-3906

Owned from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/05): 115

Total Licensed Bed Capacity (12/31/05): 115

Number of Residents on 12/31/05: 86

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Corporation

Skilled

No

Yes

Yes

90

Age, Gender, and Primary Diagnosis of Residents (12/31/05)		Length of Stay (12/31/05)	
Primary Diagnosis	%	Age Groups	%

Primary Diagnosis	%	Age Groups	%	Length of Stay (12/31/05)	%
Developmental Disabilities	0.0	Under 65	3.5	Less Than 1 Year	38.4
Mental Illness (Org./Psy)	30.2	65 - 74	7.0	1 - 4 Years	40.7
Mental Illness (Other)	1.2	75 - 84	29.1	More Than 4 Years	20.9
Alcohol & Other Drug Abuse	0.0	85 - 94	51.2		-----
Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.3		100.0
Cancer	1.2		-----	Full-Time Equivalent	
Fractures	1.2		100.0	Nursing Staff per 100 Residents	
Cardiovascular	14.0	65 & Over	96.5	(12/31/05)	
Cerebrovascular	15.1		-----		
Diabetes	1.2	Gender	%	RNs	8.2
Respiratory	3.5		-----	LPNs	10.8
Other Medical Conditions	32.6	Male	25.6	Nursing Assistants,	
	-----	Female	74.4	Aides, & Orderlies	35.5
	100.0		-----		
			100.0		

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	9	15.0	142	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	9	10.5	
Skilled Care	9	100.0	375	48	80.0	122	0	0.0	0	16	94.1	159	0	0.0	0	0	0.0	0	73	84.9	
Intermediate	---	---	---	3	5.0	102	0	0.0	0	1	5.9	153	0	0.0	0	0	0.0	0	4	4.7	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	9	100.0		60	100.0		0	0.0		17	100.0		0	0.0		0	0.0		86	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/05				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	7.1	Bathing	1.2	88.4	10.5	86
Private Home/With Home Health	2.9	Dressing	9.3	87.2	3.5	86
Other Nursing Homes	2.1	Transferring	27.9	67.4	4.7	86
Acute Care Hospitals	85.0	Toilet Use	19.8	69.8	10.5	86
Psych. Hosp.-MR/DD Facilities	0.0	Eating	60.5	33.7	5.8	86
Rehabilitation Hospitals	0.0	*****				
Other Locations	0.0					
Total Number of Admissions	140	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	4.7		Receiving Respiratory Care	7.0
Private Home/No Home Health	37.0	Occ/Freq. Incontinent of Bladder	58.1		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	13.0	Occ/Freq. Incontinent of Bowel	17.4		Receiving Suctioning	0.0
Other Nursing Homes	5.5				Receiving Ostomy Care	8.1
Acute Care Hospitals	13.7	Mobility			Receiving Tube Feeding	5.8
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	4.7		Receiving Mechanically Altered Diets	39.5
Rehabilitation Hospitals	0.0				Other Resident Characteristics	
Other Locations	0.0	Skin Care			Have Advance Directives	84.9
Deaths	25.3	With Pressure Sores	10.5		Medications	
Total Number of Discharges		With Rashes	9.3		Receiving Psychoactive Drugs	58.1
(Including Deaths)	146					

 Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	78.3	86.8	0.90	88.8	0.88	88.3	0.89	88.1	0.89
Current Residents from In-County	73.3	76.7	0.95	81.0	0.90	70.5	1.04	77.6	0.94
Admissions from In-County, Still Residing	18.6	16.9	1.10	23.7	0.78	20.5	0.91	18.1	1.02
Admissions/Average Daily Census	155.6	168.8	0.92	124.7	1.25	123.5	1.26	162.3	0.96
Discharges/Average Daily Census	162.2	172.6	0.94	127.4	1.27	126.7	1.28	165.1	0.98
Discharges To Private Residence/Average Daily Census	81.1	69.5	1.17	53.4	1.52	50.1	1.62	74.8	1.08
Residents Receiving Skilled Care	95.3	95.0	1.00	96.8	0.98	94.1	1.01	92.1	1.04
Residents Aged 65 and Older	96.5	92.7	1.04	92.1	1.05	92.5	1.04	88.4	1.09
Title 19 (Medicaid) Funded Residents	69.8	67.3	1.04	68.7	1.02	70.2	0.99	65.3	1.07
Private Pay Funded Residents	19.8	18.0	1.10	18.5	1.07	19.0	1.04	20.2	0.98
Developmentally Disabled Residents	0.0	0.6	0.00	0.4	0.00	0.5	0.00	5.0	0.00
Mentally Ill Residents	31.4	29.4	1.07	38.6	0.81	37.2	0.84	32.9	0.95
General Medical Service Residents	32.6	28.0	1.16	24.6	1.32	23.8	1.37	22.8	1.43
Impaired ADL (Mean)	41.9	48.0	0.87	48.5	0.86	47.2	0.89	49.2	0.85
Psychological Problems	58.1	53.5	1.09	57.4	1.01	58.9	0.99	58.5	0.99
Nursing Care Required (Mean)	10.0	6.8	1.48	7.1	1.40	7.1	1.41	7.4	1.35